



On August 5, 2003, Dr[.] James Osland, among other things, diagnosed the Claimant with right shoulder impingement with large acromial spurs and mild impingement right side. Dr. Osland recommends an arthroscopy to get rid of the large spur and a subacromial decompression with possible rotation *[sic]* cuff tear.

The Claimant settled her shoulder claim against the Respondent in July 2003. The Claimant's request for treatment to her shoulder is denied.

Claimant contends Judge Clark erred. Claimant argues that her work has aggravated her right shoulder, which she initially injured in the February 2001 fall.

On the other hand, the employer and its insurance carrier argue that claimant has settled her claim for the right shoulder injury. In the alternative, they argue that claimant's right shoulder symptoms emanate from a spur that is not a work-related condition.

The only issue before the Board on this appeal is whether the work that claimant performed for Via Christi Regional Medical Center on or after May 22, 2003, has either aggravated claimant's right shoulder or created a new and separate right shoulder injury.

#### **FINDINGS OF FACT AND CONCLUSIONS OF LAW**

After reviewing the record compiled to date, the Board finds and concludes that the August 26, 2003 preliminary hearing Order should be affirmed.

Claimant has worked for Via Christi Regional Medical Center for approximately 35 years. For 30 years, claimant has been an accounts payable clerk, which required her to spend the majority of her day using a computer.

In February 2001, claimant fell injuring her knees and breaking her right arm. After that accident, claimant also experienced symptoms in her right shoulder for which Dr. Anthony Pollock prescribed exercises. Claimant contends those symptoms resolved.

In approximately May 2003, claimant alleges that she began experiencing numbness in her hands and numbness into her right shoulder, which she attributed to an increased workload. Before changes were made to her workstation sometime after early August 2003, claimant also experienced sharp pain in her right shoulder, which she attributed to frequently reaching overhead.

Dr. John D. Osland, who first saw claimant in early August 2003, diagnosed right shoulder impingement and recommended shoulder surgery to remove a large acromial spur. According to the history taken by Dr. Osland, claimant has experienced right

shoulder problems off and on for about a year and a half. The doctor's August 5, 2003 report reads, in part:

Mrs. Thornhill has been having some problems with her right shoulder on and off for about a year and a half. She has not had any recent injury, but she does a lot of repetitive type work and that has been causing problems with it. She had an injection in May and that helped out a lot for her first week or so, and then it slowly wore off. She now has occasional numbness in her hand with some burning pain going down into the hand. She has had nerve conduction studies that were normal. She has some numbness in the left hand as well and a little bit of soreness in the left shoulder, but not nearly as bad. She has had someone come in and evaluate her work station [*sic*], and they told her they need to make it more ergonomically acceptable to her, and they apparently have not made those changes yet. . . . The only injury that she can think of is that she apparently fell back in 1/2000. She saw Dr. Pollock who evaluated her and said there were no fractures or anything. She eventually got better until about a year and a half ago when it started bothering her more.

. . . .

I talked with her about options and treatment. I do not think therapy is going to help at all. She has this large spur sticking down, and the more therapy she does the more likely it is going to irritate it more. I just recommend doing a shoulder arthroscopy and get rid of this large spur. She may possibly have a rotator cuff tear with this. I do not think so. She may have a little bit of instability. I would recommend we take care of those things at the same time if she does have it. We will schedule her for a right shoulder arthroscopy and subacromial decompression with possible rotator cuff repair and possible capsular repair if needed. . . . I just would not recommend doing any activity above the chest level with that right arm.<sup>1</sup>

The February 2001 accident was compensable under the Workers Compensation Act and in July 2003 claimant settled that claim. At claimant's July 2003 settlement hearing, the parties presented a worksheet indicating the claim was being settled for bilateral knee and right shoulder injuries. The parties also presented an April 11, 2003 medical report from Dr. Edward J. Prostic. That report noted that claimant had right shoulder symptoms from rotator cuff tendinitis that might be improved by a subacromial decompression. Dr. Prostic, however, did not diagnose impingement in the shoulder as the clinical signs were negative.

In short, the record is unclear whether claimant's right shoulder problems and her present need for shoulder surgery are the result of her daily work activities or, instead, the

---

<sup>1</sup> P.H. Trans., Cl. Ex. 1.

natural and probable consequence of the February 2001 fall. Accordingly, the Board concludes that claimant has failed to satisfy her burden to prove that the work that she has performed on and after May 22, 2003, aggravated or injured her right shoulder. Based upon this record, the Board finds no reason to disturb the Judge's findings and conclusions.

**WHEREFORE**, the Board affirms the August 26, 2003 Order entered by Judge Clark.

**IT IS SO ORDERED.**

Dated this \_\_\_\_ day of October 2003.

---

BOARD MEMBER

c: Joseph Seiwert, Attorney for Claimant  
Edward D. Heath, Jr., Attorney for Respondent and its Insurance Carrier  
John D. Clark, Administrative Law Judge  
Paula S. Greathouse, Workers Compensation Director